MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10/583942*

FILING DATE **17FEB 2007**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		2		1			53							
4		2		1			54							
5		2		1			55							
6		2(1)		1			56							
7		2(1)		1			57							
8		2		1			58							
9		2(1)		1			59							
10		2(1)		1			60							
11		2.		1			61							
12		2.		1			62							
13				1			63							
14				1			64							
15				1			65							
16				1			66							
17				1			67							
18				1			68							
19				1			69							
20							70							
21							71							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1				TOTAL IND.							
TOTAL DEP.	17		18				TOTAL DEP.							
TOTAL CLAIMS	18		19				TOTAL CLAIMS							

PTO - 1360 (REV. 11/04)

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